 SENDER. COMPLETE TRIS SECTION-TFV Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery
	C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
Marilyn Benson 1078 16 th Place Alexander City, AL 35010	2:09CV 64 376 7007
	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	7391 8860
7000 1330 0000	7347 0000 102595-00-M-0952

PS Form 3811, July 1999